אַשְּיאַוּוו: <u>COMPLETED</u> APPLICATION, TAX ביב "MIENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Y.

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Refund:	Amount Paid:	Date:	Permit #:
	# <b>\$</b> /	K	<b>\$</b> 5
	155/1	10 10 10	200

D)

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

Dayfield Co. Zoring Toy This Application (visit our website www.bayfieldcounty.org/zoning/asp)

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

	)							_	_	
	-	×		The second secon		1000	(plain)		1	
	-	×	  -	THE PARTY TO SERVICE THE PARTY THE			ain	-	_[,	
		×		7	s conte	ort turm	Special Use: (explain)	▼ Special Us		
		>	-			Iteration (specify	Accessory Building Addition/Alteration (specify)	☐ Accessory		
	_ -	× ×	-			The state of the s	Accessory Building (specify)	☐ Accessory	Γ	■ Municipal Use
		< ×				- Angeles - Ange	Addition/Alteration (specify)	☐ Addition/	1 1	
ļ	-	< ×	-	144, A		te)	Mobile Home (manufactured date)	☐ Mobile H		
		×	┼	cooking & food prep facilities)		sleeping quarters, or	Bunkhouse w/ (☐ sanitary, or ☐	Bunkhous	$\neg$	
	-	×				age	with Attached Garage		- Se	☐ Commercial Use
	_	×	•				with (2 <sup>nd</sup> ) Deck	***************************************		
	-	×		111111111111111111111111111111111111111	A STATE OF THE PARTY OF THE PAR		with a Deck	111111111111111111111111111111111111111		
	<u>- </u>	×					With (2 <sup>nd</sup> ) Borch	***************************************	T aso	Kesidentiai Use
	<u> </u>	×		- Additional and Addi	adversion of the second of the	e de la completa del la completa de la completa del la completa de la completa del la completa de la completa della completa de la completa della completa della completa della completa d	with Loft		<del>[</del> 	
	- -	×				hack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	$\vdash$	[_]	
	-	×				ure on property)	Principal Structure (first structure on property)			
Footage		Dimensions	0		Ġ	Proposed Structure	7		ъ 	Proposed Use
2	V	•	900000000			rei gen.			Iction:	Proposed Construction:
		Height:		Width:		Length:		being applied for	:: (if permit	Existing Structure: (if permit being applied for is relevant to it)
3	とると			_   -			- Foundation	\ <u>\</u>	Property	
		ntract)/	/service col	☐ Portable (w/service contract)	□ None			Run a Business on	X Run a B	
	0 gallon)	Vaulted (mip 200 gallon)	or Vau					Relocate (existing bldg)	Relocati	107
	13.6	Specify Type: Scoti L		▼ Sanitary (Exists)	□ 3		- 1	sion	☐ Conversion	\$ 4.8.75
⊠ Well	-	Specify Type:		☐ (New) Sanitary	□ 2		1-Story + Loft	Addition/Alteration	Addition	
☐ City			City	☐ Municipal/City	<b>X</b> 1	✓ Seasonal	X 1-Story	New Construction	□ New Co	material
Water		y System	Sewer/Sanitary System Is on the property?	Sew Is	of bedrooms	Use	# of Stories and/or basement	Project (What are you applying for)	<b>Pro</b> (What are yo	of Completion * include donated time &
			What Tune of							Value at Time
										XNon-Shoreland
No		No	eline : feet	cture is from Shorelin	Distance Structure	Pond or Flowage If yescontinue>	Lake,	rty/Land within :	🗆 Is Prope	☐ Shoreland — <b>→</b>
Are Wetlands Present?		Is Property in Floodplain Zone?	feet	Ture is from shoreline	Distance Structure	m (ind. Intermittent)	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) reek or Landward side of Floodplain?	☐ Is Property/Land within 300 feet of R Creek or Landward side of Floodplain?	☐ Is Prope Creek or L	
	_									
	Acreage		Lot Size		ayview	Town of: (Say	N, Range 4 W	50	Township	Section \$2
	145		Subdivision:	Block(s) No.	Lot(s	Vol	Lot(s)	Gov't Lot	E 1/4	SE 1/4, S
wnership	(i.e. Property Ownership) Page(s) S65	ument:	Recorded Document: $O$ Volume $OZ$ $\mathcal{F}$	- 000-400c	hoh-25-h	digits)	(Use Tax Statement) PIN: (23 digits)		Legal Description:	PROJECT LOCATION
rization	Written Authorization Attached Ves No	Writ Atta	tate/Zip):	Agent Mailing Address (include City/State)	ent Mailing Add		f Owner(s)) Agent Phone:	plication on behalf of	rson Signing Ap	Authorized Agent: (Person Signing Application on behalf of Owner(s))
,	Plumber Phone:	Plun		and the second s	₽.	or Phone:	Contrac			Contractor:
58.49	0-148-876	378		414	42	Fied, WI	<u>م</u>	A>+.	2	Address of Property:
	Cell Phone:		- 54814	/ Freld, WI	Kd. Day	145 Whiting Kd.	Chy/State/7in	1/0	Kober	Jeremy
250	715-778-5236			1 2		Address:		-	3	Owner's Name:

Owner(s): Letter(s) of authorization must accompany this appl (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this appl Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date

32795 whiting Rd. Baxfreid 43

Recadings was partial

APR 1388 [19]

とはいると

Date

3-29-12

Attach

S48/4

Copy of Tax Statement

Gopy of Tax Statement

Fyou recently purchased the property send your Recorded Deed 1/1/2 283

Starts Sept.

Durant +